

新型コロナウイルス チェックリスト【関係者・保護者】

| 大会名 | | | | | | | |
|--------|--|-------|----|----|-----|-----|-----|
| 会場名 | | | | | | | |
| 日時 | 令和 年 月 日 () | | | | | | |
| 運営責任者名 | | | | | | | |
| 連絡先 | 携帯 | E-メール | | | | | |
| 【確認内容】 | | | | | | | |
| ① | 発熱・咳・咽頭痛・味覚異常等が無い場合○ | | | | | | |
| ② | 同居家族、会社の同僚等身近な知人に感染症が疑われる人が居ない場合は○ | | | | | | |
| ③ | 過去14日に海外渡航歴が無い又は渡航者や海外居住者との濃厚接触が無い場合は○ | | | | | | |
| № | 審判 運営 | 氏名 | 年齢 | 体温 | ①体調 | ②家族 | ③海外 |
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